### RECEIVED **CENTRAL FAX CENTER**

JAN 0 9 2006

Atty. Dkt. No. 041673-2115

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Tuszynski, Mark H.

Title:

METHODS FOR THERAPY

OF

**NEURODEGENERATIVE** DISEASE OF THE BRAIN

Appl. No.:

10/748,337

Appl. Filing Date:

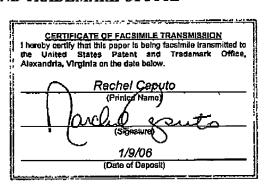
12/29/2003

Examiner:

Lieto, Louis D.

Art Unit:

1632



### REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

1. Submission required under 37 C.F.R. §1.114: (check items that apply)

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	a. Pre	viously submitted:
	[ x ]	Please enter and consider the amendment and/or reply previously filed on
		November 8, 2005.
	[]	Please consider the Affidavit(s)/Declaration(s) previously filed on but not
		considered.
	[]	Please consider the arguments in the Appeal Brief or Reply previously filed on _
	[]	Other
	b. End	closed are:
	[]	Amendment/Reply.
	[]	Affidavit(s)/Declaration(s).
	[]	Information Disclosure Statement.
	[]	Form PTO-1449 with copies of listed reference(s).
	[X ]	Other: Response to Notice of Non-Compliant Amendment Dated 12/14/2005.
Misce	llaneous	<b>3:</b>
	[ <b>X</b> ]	Suspension of action of the above-identified application is requested under 37
		C.F.R. § 1.103(c) for a period of three (3) months.

The filing fee is calculated below:

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,	Claims as Amended		Previously Paid For	Extra Prese	Claims nt		Rate		Fee Totals
RCE Fee 1.17(e):							\$790.00	=	\$790.00
Total Claims:	15	-	20	= 0		x	\$50.00	=	\$0.00
Independents	1	-	3	= 0		x	\$200.00	=	\$0.00
First p	resentation o	of an	y Multiple I	Dependent	Claims:	+	\$360.00	=	\$0.00
CLAIMS FEE TOTAL:							_	\$790.00	

# [ ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1,136(a) for the total number of months checked below:

[]	Extension for response filed within the first month:	\$120.00	0	\$0.00
[]	Extension for response filed within the second month:	\$450.00	_	\$0.00
[]	Extension for response filed within the third month:	\$1,020.00	_	\$0.00
[]	Extension for response filed within the fourth month:	\$1,590.00	_	\$0.00
[]	Extension for response filed within the fifth month:	\$2,160.00	_	\$0.00
	_	\$0.00		
		\$0.00		
	_	\$0.00		
	CLAIMS AND EXTENSION FE	_	\$790.00	
[X]	Small Entity Fees Apply (subtract 1/2	of above):	-	\$395.00
[X]	Suspension of action requested under 37 C.F.R.	§ 1.103(c)	-	\$130.00
<u> </u>	TC	TAL FEE:		\$525.00

<sup>[</sup>X] Please charge Deposit Account No. 50-0872 in the amount of \$525.00. A duplicate copy of this transmittal is enclosed.

Atty. Dkt. No. 041673-2115

The Commissioner is hereby authorized to charge any additional fees which may be [X]required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

FOLEY & LARDNER LLP

Customer Number: 30542 Telephone: (858) 847-6720

1-9-06

Facsimile:

(858) 792-6773

Stacy L. Taylor

Attorney for Applicant Registration No. 34,842